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JACOBSON H 400 SEVENTH S SUITE 600	2010 3	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		OR ATTORNEY DOCKET NO. CONFIRMATION NO.				
10/563,206	10/563,206 01/03/2006			Laura Zambianchi		P71008US0 8190			
TITLE OF INVENTION: FILTER FOR THE REMOVAL OF SUBSTANCES FROM BLOOD PRODUCTS									
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	05/05/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	.s 05/		2010	LNGUYEN2 00000051	10563206	
KIM, SUN U		1797	210-500360		01 FC:			1510.00 OP	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the pages of up to 3 registered patent attorneys. 380.68 GP JACOBSON HOLMAN PLLC									
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
FRESENIUS HEMOCARE ITALIA S.r.l. Cavezzo (Modena), ITALY									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government									
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.									
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Authorized Signature	mether	Shew Ry		•	Date May 4	. 201	0		
Typed or printed name		Registration No. 20,851							
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